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Submission by the Canadian Psychiatric Association re:

Bill C-83: An Act to amend the Corrections and Conditional Release Act and another Act

Presented to:

Standing Committee on Public Safety and National Security
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Presented by:

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Thank you, honourable members of parliament, for the opportunity to address some of the issues contained in *Bill C-83: An Act to amend the Corrections and Conditional Release Act and another Act* that relate mainly to segregation and access to mental health care.

My name is Dr. Joel Watts, and I am a forensic psychiatrist from Ottawa, Ontario, working at the Royal Ottawa Mental Health Centre. I am also the President of the Canadian Academy of Psychiatry and the Law.

I am pleased to present this brief on behalf of the Canadian Psychiatric Association, which is the voluntary professional association for Canada's 4,800 psychiatrists and 900 psychiatric residents.

Psychiatrists are licensed physicians with extensive medical training in the causes, diagnosis, treatment and ongoing care of mental disorders in patients of all ages. Their medical training allows psychiatrists to understand the interaction between the physical, social and psychological aspects of mental disorders. This training allows psychiatrists to appropriately prescribe medication, to provide psychotherapeutic treatments, and to work with patients, especially those with chronic or episodic conditions, to improve their quality of life. Often part of the treatment or rehabilitation plan will include referral to or collaboration with a range of social and support services. Psychiatry is an evidence-based profession, and as such, the CPA advocates for policies grounded on the best research evidence that allow the best possible mental health outcomes for Canadians

I would like to begin by thanking you, on behalf of the CPA, for the care and diligence this committee has exercised in fulfilling its duty to explore many of the issues contained in Bill C-83, including but not limited to administrative segregation, restraint, mental health care, patient advocacy as well as matters specific to Indigenous offenders.

The burdens of stigma and discrimination faced by people with serious mental illness are accentuated in the criminal justice system. Untreated, people with mental illness are often placed in segregation cells for extended periods of time. Even when psychiatric treatment is provided, it is often only offered, but not encouraged, for fear of being seen as coercive. Suicide and homicide rates are significantly elevated in correctional populations, and there are also significant increases in prevalence of schizophrenia, bipolar disorder and depression in correctional service populations.

People with mental illness often struggle to access psychiatric treatment, hindered, in part, by their illnesses, stigma–discrimination and limited resources. It is imperative that psychiatric services be made readily available for patients in our correctional system. This also means that best practice measures to protect individuals from harming themselves or others be used, and this means resorting to seclusion and restraint as a true last resort when all other measures have failed. They should also only be used for the least amount of time possible and with adequate oversight and regular monitoring.

The CPA published a Position Statement in 2011 titled "The Use of Seclusion and Restraint in Psychiatry" based on best practices, and the following excerpts are particularly useful in guiding this discussion and recommendations moving forward:

> "Should either restraint or seclusion be required, they should only be used in emergency situations when all appropriate less restrictive measures have been exhausted or when the intervention is required to prevent immediate harm to the person or to others. It is important that staff is trained in crisis de-escalation and risk-reduction techniques. Attention should also be given to patient mix, space, layout, funding, treatment alternatives, and recreational activities, among other factors that may reduce seclusion and restraint."
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> "Each facility that uses this type of intervention should ensure that up-to-date policies are in place and that staff is familiar with them. Local policies should be in accordance with provincial, professional, and national standards for the use of seclusion and restraint. Attention to best practices, including regular physician review, needs to take place."

> "Safeguards should include the need for a physician order and examination, regular observations, short time frames, humane settings, and external reviews if the intervention extends beyond certain time periods. All efforts should be expended to review incidents requiring seclusion or restraint and interventions to prevent further use should take place if at all possible. As a profession, we should strive to continue to treat all our patients in a humane and fair manner, respecting their rights and freedoms. Ideally, no person should lose their right to liberty and freedom but, unfortunately, acute mental illness may make that impossible, albeit for brief periods. The use of seclusion and restraint should be emergency measures used when all others fail or are unsuitable. These interventions may be essential to protect not only the patient but also others, including copatients, members of the public, and staff. If and when used, current monitored safeguards must be in place."

Canadian psychiatrists across the country applaud the government's initiative to reform the use of seclusion in the federal correctional system. We have long been concerned about the overuse and long periods that some individuals remain in administrative segregation, the overall conditions of segregation, the low staffing numbers of mental health professionals involved in day-to-day contact with individuals in seclusion and the review of its use, and the poor physical environments where seclusion takes place. These objectives should also be included as part of this reform. This bill is a definite step in the right direction by reducing of the total number of hours of daily seclusion of inmates and creating more open environments where this takes place. We are nonetheless concerned about the reduced oversight and review of an inmate's seclusion conditions according to this bill. This could easily lead to more, not less, segregation being used overall and is fraught with potential for worse overall outcomes and abuses. More oversight is required to help ensure that the goals of this bill will indeed be carried out.

In summary, the CPA recommends that the current legislation and funding initiatives to back it up should seek to minimize the use of seclusion in corrections by accomplishing the following:

- Target decreasing the use of all forms of seclusion overall.

- Mandate frequent monitoring and review of an individual's seclusion by trained mental health professionals including physicians, regardless of the duration of the seclusion.

- Mandate adequate regular staffing of trained mental health professionals in each environment where seclusion is being used in order to ensure regular human contact for individuals being secluded.

- Ensure adequate funding to recruit and train appropriate staff and create appropriate physical environments where seclusion is to be carried out.

Thank you for the opportunity to address the committee on these important issues. The Canadian Psychiatric Association would be happy to answer any further questions.